

APR 19 2004

PTO/SB/21 (08-03)

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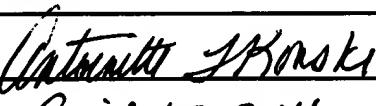
(to be used for all correspondence after initial filing)

		Application Number	09/910,345
		Filing Date	July 20, 2001
		First Named Inventor	H. Michael Shepard
		Art Unit	1631
		Examiner Name	Smith, Carolyn L.
Total Number of Pages in This Submission	40	Attorney Docket Number	NB 2017.00

ENCLOSURES (check all that apply)

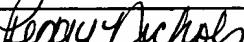
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement w/1449A <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> Return Receipt Postcard
<div style="border: 1px solid black; padding: 5px; width: 100%;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bingham McCutchen LLP Antoinette F. Konski	
Signature		
Date	April 15, 2004	

CERTIFICATE OF MAILING

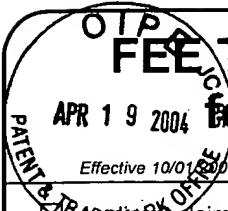
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Typed or printed name	Peggy Nichols		
Signature		Date	April 15, 2004

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FEETRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 TRADEMARK claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 235)

Complete if Known	
Application Number	09/910,345
Filing Date	July 20, 2001
First Named Inventor	H. Michael Shepard
Examiner Name	Smith, Carolyn L.
Art Unit	1631
Attorney Docket No.	NB 2017.00

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

 Deposit Account:Deposit Account Number
50-2518Deposit Account Name
Bingham McCutchen LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 235)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Antonette F. Konski	Registration No. (Attorney/Agent)	34,202	Telephone (650) 849-4950
Signature			Date	April 15, 2004

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